

SUPREME COURT
STATE OF WASHINGTON

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SUPREME COURT
STATE OF WASHINGTON
2008 OCT 13 P 4:53
BY C.J. HERPITI
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In re: MMG & VMG
STATE OF WASHINGTON,

RICHARD SCOTT GRAHAM

Petitioner,

and

MICHELE LEANN CUNLIFFE

Respondent.

NO. 77858-2

FINANCIAL DECLARATION

☐ PETITIONER

☒ RESPONDENT

(ENDCLR)

Name: Michele Leann Cunliffe

Date of Birth: 05/30/1967

I. SUMMARY OF BASIC INFORMATION

Declarant's Total Monthly Net Income (from § 3.3 below) \$ 166.00

Declarant's Total Monthly Household Expenses (from § 5.9 below) \$ 7,203.28

Declarant's Total Monthly Debt Expenses (from § 5.11 below) \$ 241.00

Declarant's Total Monthly Expenses (from § 5.12 below) \$ 7,444.28

Estimate of the other party's gross monthly income (from § 3.1f below)

☐ \$ 12,000.00

☐ unknown

II. PERSONAL INFORMATION

2.1 Occupation: Homemaker

2.2 The highest year of education completed: Bachelor's Degree

2.3 Are you presently employed? ☐ Yes ☒ No

a. If yes: (1) Where do you work. Employer's name and address must be listed on the Confidential Information Form.

(2) When did you start work there (month/year)?

b. If no: (1) When did you last work (month/year)? November, 1995 (waitress)

(2) What were your gross monthly earnings? \$ 1,000.00 (estimated)

(3) Why are you presently unemployed? Eight kids at home.

III. INCOME INFORMATION

If child support is at issue, complete the Washington State Child Support Worksheet(s), skip Paragraphs 3.1 and 3.2. If maintenance, fees, costs or debts are at issue and child support is NOT an issue this entire section should be completed. (Estimate of other party's income information is optional.)

3.1 GROSS MONTHLY INCOME.

If you are paid on a weekly basis, multiply your weekly gross pay by 4.3 to determine your monthly wages and salaries. If you are paid every two weeks, multiply your gross pay by 2.15. If you are paid twice monthly, multiply your gross pay by 2. If you are paid once a month, list that amount below.

	Name	Name
	<u>Michele Cunliffe</u>	
a. Wages and Salaries	\$ _____	\$ _____
b. Interest and Dividend Income	\$ _____	\$ _____
c. Business Income	\$ _____	\$ _____
d. Spousal Maintenance Received		
From _____	\$ _____	\$ _____
e. Other Income Fishing payment	\$ 166.00 (annualized)	\$ _____
f. Total Gross Monthly Income	\$ _____	\$ _____
g. Actual Gross Income (Year-to-date)	\$ <u>2,000.00</u>	\$ _____

3.2 MONTHLY DEDUCTIONS FROM GROSS INCOME.

a.	Income Taxes	\$ _____	\$ _____
b.	FICA/Self-employment Taxes	\$ _____	\$ _____
c.	State Industrial Insurance Deductions	\$ _____	\$ _____
d.	MANDATORY Union/Professional Dues	\$ _____	\$ _____
e.	Pension Plan Payments	\$ _____	\$ _____
f.	Spousal Maintenance Paid	\$ _____	\$ _____
g.	Normal Business Expenses	\$ _____	\$ _____
h.	Total Deductions from Gross Income (add lines 3.2a through 3.2g)	\$ _____	\$ _____

3.3 MONTHLY NET INCOME. (Line 3.1f minus line 3.2h or line 3 from the Child Support Worksheet(s).) \$ 166.00 \$ _____

3.4 MISCELLANEOUS INCOME.

a.	Child support received from other relationships	\$ _____	\$ _____
b.	Other miscellaneous income (list source and amounts)	\$ _____	\$ _____
		\$ _____	\$ _____
c.	Total Miscellaneous Income (lines 3.4a through 3.4b)	\$ _____	\$ _____

3.5 Income of Other Adults in Household \$ 8,000.00 \$ _____

3.6 If the income of either party is disputed, state monthly income you believe is correct and explain below:

IV. AVAILABLE ASSETS

4.1	Cash on hand	\$ 50.00
4.2	On deposit in banks	\$ 200.00
4.3	Stocks and bonds, cash value of life insurance	\$ _____
4.4	Other liquid assets:	\$ _____

Vehicle insurance & license	\$ 135.00
Vehicle gas, oil, ordinary maintenance	\$ 375.00
Parking	\$ _____
Other transportation expenses	\$ 60.00
Total Transportation	\$ 570.00

5.6 HEALTH CARE. (Omit if fully covered)

Insurance	\$ 150.00
Uninsured dental, orthodontic, medical, eye care expenses	\$ 150.00
Other uninsured health expenses	\$ 100.00
Total Health Care	\$ 400.00

5.7 PERSONAL EXPENSES (Not including children)

Clothing	\$ 40.00
Hair care/personal care expenses	\$ 25.00
Clubs and recreation	\$ _____
Education	\$ _____
Books, newspapers, magazines, photos	\$ 25.00
Gifts	\$ _____
Other	\$ _____
Total Personal Expenses	\$ 90.00

5.7 MISCELLANEOUS EXPENSES.

Life insurance (if <u>not</u> deducted from income)	\$ _____
Other : Ameriprise Life Insurance for husband	\$ 138.00
Other (overages/unexpected expenses)	\$ 100.00
Total Miscellaneous Expenses	\$ 238.00

5.9	TOTAL HOUSEHOLD EXPENSES	\$ 7,203.28
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5.10 INSTALLMENT DEBTS INCLUDED IN PARAGRAPHS 5.1 THROUGH 5.8.

<u>Creditor</u>	<u>Description of Debt</u>	<u>Balance</u>	<u>Month of Last Payment</u>
Saxxon Mortgage	Home loan	373,000.00	OCT
Genung, DDS	Dentist	1,500.00	OCT
Thomson	Midwife	800.00	OCT

Campiche, Hepburn, McCarty Attorney's Fees 3,000.00 OCT

~~5.11 OTHER DEBTS AND MONTHLY EXPENSES NOT INCLUDED IN PARAGRAPHS 5.1 THROUGH 5.8.~~

<u>Creditor</u>	<u>Description of Debt</u>	<u>Amount of Balance</u>	<u>Month of Last Payment</u>	<u>Monthly Payment</u>
US Bank	credit card debt	10,731.59	OCT	\$ 241.00
				\$
				\$

Total Monthly Payments for Other Debts and Monthly Expenses \$ 241.00

5.12 TOTAL EXPENSES (Add Paragraphs 5.9 and 5.11) \$ 7,206.28

VI. ATTORNEY FEES

6.1 Amount paid for attorney fees and costs to date: \$ 3,690.00

6.2 The source of this money was: credit card, husband's income.

6.3 Fees and costs incurred to date: \$ 7,812.50

6.4 Arrangements for attorney fees and costs are: pay installments when able

6.5 Other:

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at Federal Way, WA on October ____, 2006.

Signature of Declarant

Michele Cunliffe
Print or Type Name

See next page.

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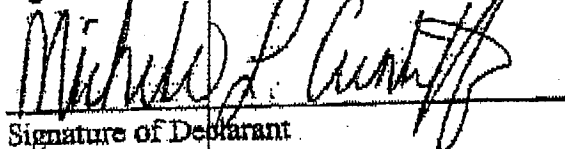
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Signed at Federal Way, WA on October ____, 2006.


Signature of Declarant

Michele Cumliffe
Print or Type Name

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BY C. J. MERRITT

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IN THE SUPREME COURT OF THE STATE OF WASHINGTON

STATE OF WASHINGTON, on behalf of
McKENZIE MICHELE GRAHAM and
VICTORIA MATTSON GRAHAM, children,

Petitioner,

vs.

RICHARD SCOTT GRAHAM, and

MICHELE LEANN CUNLIFFE, parents,
Respondents.

No. 77858-2

DECLARATION OF
SERVICE

Patricia Novotny, counsel for appellant, certifies as follows:

On October 13, 2006, I served upon the following copies of the Respondent's
Financial Declaration and this Declaration, by:

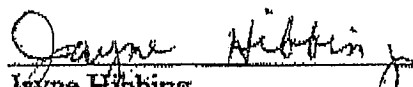
☒ depositing same with the United States Postal Service, postage paid
☐ arranging for delivery by legal messenger.

David Ordell
705 Second Avenue
#1300
Seattle, WA 98104

Lori Smith, State of Washington
900 4th Avenue, 9th Floor
Seattle, WA 98164

Catherine Smith
1109 1st Ave, Suite 500
Seattle, WA 98101-2988

I certify under penalty of perjury that the foregoing is true and correct.


Jayne Hibbing
3418 NE 65th Street, Suite A
Seattle, WA 98115
206-525-0711

CERTIFICATE OF SERVICE